



42 Fountain Place  
Frankfort, KY 40601  
502-782-5685 Phone  
502-782-6495 Fax  
<http://kbmirt.ky.gov>

**NAME/ADDRESS CHANGE FORM**

1.) License #: \_\_\_\_\_

2.) Date of Birth: \_\_\_\_\_

3.) Old Name or Mailing Address:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
(Old Address) (City) (State) (Zip Code)

4.) New Name or Mailing Address:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
(New Address) (City) (State) (Zip Code)

(\_\_\_\_\_) \_\_\_\_\_  
(Phone #) (Current E-mail Address)

**For a name change:** A copy of legal documents must accompany this form (i.e. Marriage License)

If you are requesting a copy of your license along with this update, please include a check or money order made to "Kentucky State Treasurer" in the amount of \$20. **Mail to:** Kentucky Board of Medical Imaging & Radiation Therapy, 42 Fountain Place, Frankfort, KY 40601